

PRINTED: 02/14/2011
FORM APPROVED
OMB NO. 0938-0391

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

454 3/26/11

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445388	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 02/07/2011
NAME OF PROVIDER OR SUPPLIER GENERATIONS CENTER OF SPENCER			STREET ADDRESS, CITY, STATE, ZIP CODE 87 GENERATIONS DRIVE SPENCER, TN 38585		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 038 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1</p> <p>This STANDARD is not met as evidenced by: Based on observations it was determined the facility failed to maintain the exits.</p> <p>The findings include:</p> <p>Observations of the 100 and 200 hall exit doors on 2/7/11 at 9:25 AM, revealed the doors were cover up with valentine decorations. National Fire Protection Association (NFPA) 101, 7.5.2.2</p> <p>These findings were acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 2/7/11.</p>	K 038	<p>The facility failed to maintain exits, 100 and 200 hall exit doors were covered in Valentine decorations.</p> <p>The decorations were removed on 02-07-11 by the activities director/ C.N.A. An in-service was conducted on 02-11-11 by the quality assurance director/ L.P.N. for all staff on maintaining exits to ensure freedom of hazards. Every tow hours an environmental check will be completed by the maintenance personnel to include visual checks of exit doors and signs. The safety officer/ C.N.A. will complete a weekly inspection at random of exit doors for the next ninety (90) days to ensure compliance with the environmental checks, then monthly thereafter and report findings to the quality assurance director/ L.P.N.</p>	02-11-11	
K 050 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2</p> <p>This STANDARD is not met as evidenced by:</p>	K 050	<p>The facility failed to train the staff in fire drills. The maintenance director and administrator educated all laundry, housekeeping, and maintenance personnel on 02-11-11 to turn off washers and dryers during fire drills and alarms. A fire drill was conducted on 02-14-11 to ensure compliance and both washers and dryers were turned off during the drill. Fire drills will continue to be conducted monthly to include</p> <p>cont. to next page:</p>	02-14-11	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 050	Continued From page 1 Based on observation it was determined the facility failed to train the staff in fire drills. The findings include: Observation during the fire drill on 2/7/11 at 9:23 AM, revealed the staff did not turn off the dryers located in the laundry room. National Fire Protection Association (NFPA 101, 19.7.2.3 This finding was acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 2/7/11. NFPA 101 LIFE SAFETY CODE STANDARD	K 050	cont. from previous page: monitoring of laundry room washers and dryers to ensure compliance with educating staff on fire drills. The safety officer/ C.N.A. will review the fire drill performance and documentation monthly and report findings to the quality assurance director/ L.P.N. The quality assurance committee will review findings and make recommendations as needed.	02-14-11	
K 052 SS=D	A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4 This STANDARD is not met as evidenced by: Based on observation it was determined the facility failed to maintain the fire alarm system. The findings include: Observation of the front lobby on 2/7/11 at 9:05 AM, revealed the fire alarm pull station was blocked with equipment. National Fire Protection	K 052	The facility failed to maintain the fire alarm. The maintenance director and administrator conducted an environmental check on 02-07-11 to ensure all fire alarm pull stations were clear of equipment or other obstacles. An in-service was conducted on 02-11-11 by quality assurance director/ L.P.N. for all staff to educate on access and availability of fire pull stations. An environmental check will be completed every two (2) hours by maintenance personnel to include visual checks of fire alarm pull stations. The safety officer/ C.N.A. will complete a weekly inspection of fire alarm pull stations for the next ninety (90) days to ensure compliance with environmental checks, then monthly thereafter for six (6) months and report cont. next page:	02-11-11	

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K 052	Continued From page 2 Association (NFPA) 72, 2-8.2.1 This finding was acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 2/7/11. NFPA 101 LIFE SAFETY CODE STANDARD SS=D Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1. 19.3.5.6, NFPA 10 This STANDARD is not met as evidenced by: Based on observation it was determined the facility failed to maintain the fire extinguishers. The findings include: Observation of the front lobby on 2/7/11/at 9:00 AM, revealed the fire extinguisher was blocked with equipment. National Fire Protection Association (NFPA) 10, 1.6.3 This finding was acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 2/7/11. NFPA 101 LIFE SAFETY CODE STANDARD K 067 SS=E Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2	K 052	cont. from previous page: findings to the quality assurance director/ L.P.N. The quality assurance committee will review findings and make recommendations as needed.	02-11-11	
K 064	SS=D Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1. 19.3.5.6, NFPA 10 This STANDARD is not met as evidenced by: Based on observation it was determined the facility failed to maintain the fire extinguishers. The findings include: Observation of the front lobby on 2/7/11/at 9:00 AM, revealed the fire extinguisher was blocked with equipment. National Fire Protection Association (NFPA) 10, 1.6.3 This finding was acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 2/7/11. NFPA 101 LIFE SAFETY CODE STANDARD K 067 SS=E Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2	K 064	The facility failed to maintain the fire extinguishers. The maintenance director and administrator conducted an environmental check on 02-07-11 to ensure all fire extinguishers were clear of equipment or other obstacles. An in-service was conducted on 02-11-11 for all staff to educate on access and availability of fire extinguishers. An environmental check will be completed every two (2) hours by maintenance personnel to include visual checks of fire extinguishers. The safety officer/ C.N.A. will conduct a weekly inspection of fire extinguishers for the next ninety (90) days to ensure compliance with environmental checks, then monthly thereafter for six months and report findings to the quality assurance director/ L.P.N.	02-11-11	
K 067	SS=E Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2	K 067	The facility failed to maintain the heating, ventilating, and air conditioning systems. Door closures were installed on the 200 hall biohazard room and kitchen mop room doors on 02-12-11 by the maintenance director. All other doors were assessed on cont. to next page:	02-12-11	

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K 067	Continued From page 3 This STANDARD is not met as evidenced by: Based on observations it was determined the facility failed to maintain the heating, ventilating and air condition systems (HVAC). The findings include: Observations of the kitchen mop room and the 200 hall biohazard room revealed the door closures were missing from the doors. National Fire Protection Association (NFPA) 101, 19.5.2.1 These findings were acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 2/7/11. NFPA 101 LIFE SAFETY CODE STANDARD	K 067	cont. from previous page: 02-11-11 by the maintenance director and found to be in compliance with (NFPA)101,19.5.2.1 The maintenance director will complete a monthly visual check of all doors requiring closures to ensure placement and condition and report findings to the safety officer/ C.N.A. The safety officer/C.N.A. will accompany the maintenance director quarterly during visual evaluations to ensure compliance. All findings will be reported to the quality assurance committee for review and recommendations as needed.	02-12-11	
K 147 SS=E	Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 This STANDARD is not met as evidenced by: Based on observations it was determined the facility failed to maintain the electrical system. The findings include: (1) Observation of the reception area on 2/7/11 at 9:12 AM, revealed a multiple plug adapter being used. National Fire Protection Association (NFPA) 70, 240-4 (2) Observation of the 100 hall biohazard room on 2/7/11 at 9:30 AM, revealed the electrical panels were blocked with a cart. NFPA 70, 110-26(a)	K 147	The facility failed to maintain the electrical system. The maintenance director completed an environmental check on 02-07-11 of all workstations and other areas within the facility for adaptors. The adaptor was replaced on 02-07-11 by the maintenance director. All staff were in-serviced on 02-11-11 to ensure compliance with the use of power strips versus adaptors. The safety officer will complete a weekly inspection for the next ninety (90) days and then monthly thereafter, to ensure no adaptors are used within the facility. The safety officer will report all findings to the quality assurance director/ L.P.N. for review during monthly quality assurance meeting. cont. to next page:	02-17-11	

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K 147 SS=E	Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 This STANDARD is not met as evidenced by: Based on observations it was determined the facility failed to maintain the electrical system. The findings include: (1) Observation of the reception area on 2/7/11 at 9:12 AM, revealed a multiple plug adapter being used. National Fire Protection Association (NFPA) 70, 240-4 (2) Observation of the 100 hall biohazard room on 2/7/11 at 9:30 AM, revealed the electrical panels were blocked with a cart. NFPA 70, 110-26(a)	K 147	Cont: from previous page: The maintenance director completed an environmental check on 02-07-11 to include all electrical panels. The cart blocking the panel was removed on 02-07-11 by the maintenance director. Signs over the panels were updated on 02-11-11 by maintenance director to prevent blockage and educate staff. Red tape was placed along the floor approximately 2 1/2 feet in front of the electrical panel to maintain a free path to the panel. All staff were in-serviced on 02-11-11 through 02-15-11 on importance of not blocking the electrical panels. The safety officer/C.N.A. will complete a weekly inspection of all electrical panels for the next ninety (90) days and monthly thereafter and report findings to the quality assurance director/ L.P.N.	02-17-11	